

GRADY & HAMPTON, LLC
6 NORTH BRADFORD STREET
DOVER, DELAWARE 19904

JOHN S. GRADY
STEPHEN A. HAMPTON
LAURA F. BROWNING

DOVER (302) 678-1265
SUSSEX (302) 855-1313
FAX (302) 678-3544

February 21, 2006

06-370 (JJF)

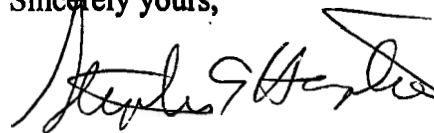
Sandra Rose
14554 Figi Court
Stanfield, NC 28163

COPY

Dear Ms. Rose:

I am returning all the materials that I have on Michael Rose.

Sincerely yours,



Stephen A. Hampton

SAH:rlm
Enclosures

Cc: Michael Rose ✓



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February 6, 2006

Michael Rose
SBI# 097880
Delaware Correctional Center
1181 Paddock Road
Smyrna, DE 19977

06-370 (JJF)

Dear Mr. Rose:

I am not able to help you with your case. It is complicated and I do not have time to investigate it.

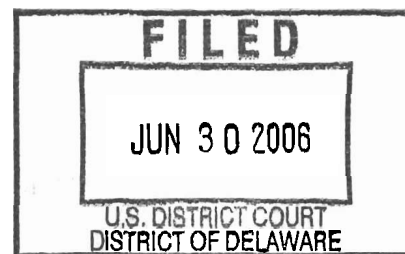
If you want me to return your materials to you or your sister, please let me know.

Sincerely yours,



Stephen A. Hampton

SAH:slh
CC: Sandra Rosen



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January 11, 2006

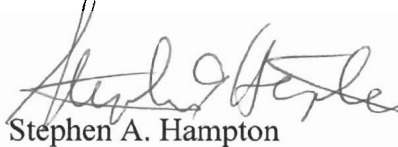
Michael Rose
SBI# 097880
1181 Paddock Road
Smyrna, DE 19977

06-370 (JJF)

Dear Mr. Rose:

I am interested in your case but I need to know some more information. If you will sign the medical authorizations I have sent you and also complete the form I have sent you it will help me better evaluate your case. I await your response.

Sincerely yours,



Stephen A. Hampton

SAH:rlm
Enclosures

Cc: Sandra Rose



FILED

JUN 29 2006

BD scanned

DCC Delaware Correctional Center

Date: 05/24/2006

Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

06-370 (JJF)

GRIEVANCE REPORT

Inmate Copy

OFFENDER GRIEVANCE INFORMATION

Offender Name : ROSE, MICHAEL L	SBI# : 00097880	Institution : DCC
Grievance # : 24075	Grievance Date : 02/27/2006	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type : Health Issue (Medical)	Incident Date : 02/27/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 25, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims: A large spot was found on my left lung. Dr. Niaz stated they found something on my left lung. I asked him what was going to be done about it. He stated, nothing, that I was too far gone. He gave me only 6 months to 1 year to live on account of my liver. Resulting from being refused medical treatment starting in 2001.

Remedy Requested : They need to find out what is wrong with my lung.

*I Had another Hearing
I was told I was a waste of
Expayer money*

INDIVIDUALS INVOLVED

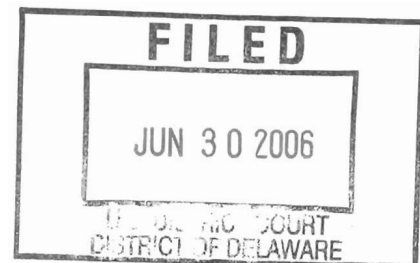
Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 03/02/2006
Investigation Sent : 03/02/2006	Investigation Sent To : Rodweller, Deborah
Grievance Amount :	

*Because I Need medical
Help*

Inmate Copy



BD scanned

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : ROSE, MICHAEL L	SBI# : 00097880	Institution : DCC
Grievance # : 24075	Grievance Date : 02/27/2006	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 02/27/2006	Incident Time :
IGC : Merson, Lise M	Housing Location :Bldg D-EAST, Tier F, Cell 25, Bottom	

INFORMAL RESOLUTION

Investigator Name : Rodweller, Deborah Date of Report 03/02/2006

Investigation Report : schedule inmate with DR line to discuss prognosis, next level

Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 05/24/2006

GRIEVANCE INFORMATION - IGC**OFFENDER GRIEVANCE INFORMATION**

Offender Name : ROSE, MICHAEL L	SBI# : 00097880	Institution : DCC
Grievance # : 24075	Grievance Date : 02/27/2006	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type : Health Issue (Medical)	Incident Date : 02/27/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 25, Bottom	

IGC**Medical Provider:****Date Assigned****Comments:**☒ Forward to MGC☐ Warden Notified☐ Forward to RGC**Date Forwarded to RGC/MGC** : 03/27/2006☒ Offender Signature Captured**Date Offender Signed**

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 05/24/2006

GRIEVANCE INFORMATION - MGC**OFFENDER GRIEVANCE INFORMATION**

Offender Name : ROSE, MICHAEL L	SBI# : 00097880	Institution : DCC
Grievance # : 24075	Grievance Date : 02/27/2006	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type : Health Issue (Medical)	Incident Date : 02/27/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 25, Bottom	

MGC

Date Received : 03/27/2006

Date of Recommendation: 05/24/2006

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Eller, Gail	Uphold
Staff		Gordon, Oshenka	Uphold
Staff		Merson, Lise M	Abstain

VOTE COUNT

Uphold : 2

Deny : 0

Abstain : 1

TIE BREAKER

Person Type	SBI #	Name	Vote

RECOMMENDATION

Hearing held 5/23/2006: Debbie Gingench - uphold (not in DACS)
 To be scheduled to see Dr. Niaz for questionable mass in (L) lower lobe lung and other diagnosis.

FORM #584

GRIEVANCE FORM

Timely Submission
06-370 (JJF)
3497FACILITY: Wanda HillDATE: 9/8/2002GRIEVANT'S NAME: Michael RoseSBI#: 099880CASE#: ~~099880~~TIME OF INCIDENT: 8/18/2002HOUSING UNIT: 1-A17

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I am placing this against Lt. Sheets on the 17/18 of Sept. I was taken from 2-E and placed in the hole with no paper work. By Lt. Sheets, I was checked by a phy. I was taken to the hospital and told I would have died in 27 hours if he had not checked Lt. Sheets. Lost all of my clothes that I had brought, and my shoes I have no shoes now.

ACTION REQUESTED BY GRIEVANT: I want all the new ^{clothes} I brought from the prison, and my shoes. I brought in U.S.A. all my case paper, all of my legal papers were lost. This Co needs to be more careful when he takes something so you can get it back and not lose something in the hole.

GRIEVANT'S SIGNATURE: Michael RoseDATE: 9/8/2002WAS AN INFORMAL RESOLUTION ACCEPTED? (YES) (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

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